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|---|--------------|---------------------|--|--|--|--|--|
| Application Number | 09/734,910 | | | | | | |
| Filing Date | Dec 11, 2000 | Pr. | | | | | |
| First Named Inventor | Kasriel | RECEIVED | | | | | |
| Group Art Unit | NYA | OAN 3 1 22 | | | | | |
| Examiner Name | NYA | OFFICE OF | | | | | |
| Attorney Docket Number | 155.1002.01 | OFFICE OF PETITIONS | | | | | |

| ENCLOSURES (check all that apply) | | | | | | | | |
|--|----------------------------------|--|--------------------------------------|--|----------------------------------|-------------|---|--|
| \boxtimes | Fee Transmitta | al Form | | | ment Papers Application) | | After Allowance Communication to Group | |
| | | tachedCredit Card ent Form PTO-2038 | Drawing(s) Licensing-related Papers | | | | Appeal Communication to Board of Appeals and Interferences | |
| | Amendment / | Reply | | | | | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | |
| • | After F | inal | | Petition | 1 | | Proprietary Information | |
| | Affidav | rits/declaration(s) | | | to Convert a onal Application | \boxtimes | Status Letter | |
| | Extension of T | ime Request | | Power of Attorney, Revocation Change of Correspondence Address | | | Other Enclosure(s) (please identify below): | |
| | Express Aband | donment Request | | Terminal Disclaimer | | | Return Postcard | |
| | Information Disclosure Statement | | | Request for Refund | | | | |
| Certified Copy of Priority Document(s) | | | | CD, Nu | umber of CD(s) | | | |
| Response to Missing Parts/ Incomplete Application | | | | arks | | | | |
| Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | | | | |
| | | SIGNAT | TURE (| OF APP | LICANT, ATTORNEY, OR | AGEN | Т | |
| Firm <i>or</i> Individ | | | | | | | Reg. no. 33,040 | |
| Signa | Signature | | | | | | | |
| Date 10-24-01 | | | | | | | | |
| CERTIFICATE OF MAILING | | | | | | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: | | | | | | | | |

6

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Arlette Malhas, Paralegal

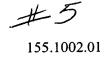
Allte

Type or printed name

Signature







IN THE UNITÉD STATES PATENT AND TRADEMARK OFFICE

In re Application of:

KASRIEL

Serial No. 09/734,910

Filed: 12/11/2000

For: Predictive Pre-Download Using Normalized Network Object Identifiers

Art Unit: Not Assigned

Examiner: Not Assigned

Tel: Not Assigned

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JAN 3 1 2002

OFFICE OF PETITIONS

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail, in an envelope addressed to:

Assistant Commissioner for Patents

Washington, D.C. 20231

on 10-24-01

Arlette Malhas

CHANGE OF STATUS LETTER

Honorable Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

The above-identified patent application was originally filed claiming small entity status in good faith. It is now discovered that small entity status was claimed inadvertently in error with no deceptive intent. Pursuant to 37 CFR 1.28(c) the applicant no longer claims small entity status and authorization is hereby granted to charge the fee deficiency per the included Credit Card Payment Form PTO-2038.

01/30/2002 SSANDARA 00000006 09734910

01 FC:101 02 FC:102 740.00 OP 84.00 OP 130.00 OP In the event we have miscalculated the fee deficiency, Deposit Account No. 50-0365 may be used to credit any overpayment or make up any underpayment thereof.

Respectfully submitted,

Dated: 10-24-01

Steven A. Swernofsky

Reg. No. 33,040

Swernofsky Law Group P.O. Box 390013 Mountain View, CA 94039-0013 (650) 947-0700



Approved for use through 10/31/2002. OMB 0651-0032
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EE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

(\$)494.00

TOTAL AMOUNT OF PAYMENT

| Complete if Known | | | | | |
|----------------------|-----------------|--|--|--|--|
| Application Number | 09/734,910 | | | | |
| Filing Date | 12/11/2000 | | | | |
| First Named Inventor | Kasriel, et al. | | | | |
| Examiner Name | NYA | | | | |
| Group/Art Unit | NYA | | | | |
| Attorney Docket No. | 155.1002.01 | | | | |

| METHOD OF PAYMENT (check one) | FEE CALCULATION (continued) | | | | | | |
|---|-----------------------------|--|-------------|-----------------|--|-------|--|
| The Commissioner is hereby authorized to charge indicated | 3. | ADDIT | IONAL | . FEES | 3 | | |
| fees and credit any overpayments to: | | arge Entity Small Entity Fee Description | | Fee Description | Fee Paid | | |
| | Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | |
| Deposit Account 50-0365 | 105 | 130 | 205 | 65 | Curabaras lata filipa foe or eath | 65.00 | |
| Number | | | | | Surcharge – late filing fee or oath | 33.30 | |
| | 127 | 50 | 227 | 25 | Surcharge late provisional filing fee or cover sheet. | | |
| Deposit Account Name Swernofsky Law Group | 139 | 130 | 139 | 130 | Non-English specification | | |
| Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | | |
| Applicant claims small entity status. See 37 CFR 1.27 | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | | |
| 2. Payment Enclosed: | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | | |
| ☐ Check ☐ Credit card ☐ Money Order ☐ Other | 115 | 110 | 215 | 55 | Extension for reply within first month . | | |
| FEE CALCULATION | 116 | 400 | 216 | 200 | Extension for reply within second month | | |
| 1. BASIC FILING FEE | 117 | 920 | 217 | 460 | Extension for reply within third month | | |
| Large Entity Small Entity | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month | | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month | | |
| 101 740 201 370 Utility filing fee 385.00 | 119 | 320 | 219 | 160 | Notice of Appeal | | |
| 106 330 206 165 Design filing fee | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal | | |
| 107 510 207 255 Plant filing fee | 121 | 280 | 221 | 140 | Request for oral hearing | | |
| 108 740 208 370 Reissue filing fee | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | | |
| 114 160 214 80 Provisional filing fee | 140 | 110 | 240 | 55 | Petition to revive – unavoidable | | |
| | 141 | 1,280 | 241 | 640 | Petition to revive – unintentional | | |
| SUBTOTAL (1) (\$)385.00 | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) | | |
| 2. EXTRA CLAIM FEES | 143 | 460 | 243 | 230 | Design issue fee | | |
| Fee from Extra Claims Below Fee Paid | 144 | 620 | 244 | 310 | Plant issue fee | | |
| Total Claims -20**= X = | 122 | 130 | 122 | 130 | Petitions to the Commissioner | | |
| Independent Claims - 3**= 1 X = 44.00 | 123 | 50 | 123 | 50 | Petitions related to provisional applications | | |
| Multiple Dependent | 126 | 180 | 126 | 180 | Submission of information Disclosure Stmt | | |
| Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | | |
| Code (\$) Code (\$) Fee Description 103 18 203 9 Claims in excess of 20 | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | | |
| 102 84 202 42 Independent claims in excess of 3 | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | | |
| 104 280 204 140 Multiple dependent claim, if not paid | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | | |
| 109 84 209 42 **Reissue independent claims over original patent | 169 | 900 | 169 | 900 | Request for expedited examination of a design application | | |
| 110 18 210 9 **Reissue claims in excess of 20 and over original patent | Other | fee (spec | cify) _ | | | | |
| SUBTOTAL (2) (\$)44.00 | | | | | | | |
| **or number previously paid, if greater, For Reissues, see below | *Redu | ced by B | asic Filir | g Fee P | aid SUBTOTAL (3) (\$)65.00 | | |

| SUBMITTED BY | Complete (if applicable) | | | | |
|-------------------|--------------------------|--------------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Steven A. Swernofsky | Registration No. (Attorney/Agent) | 33,040 | Telephone | 650-947-0700 |
| Signature | Donerolakon | _ | | Date | 10-24-01 |

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